

Standards for Using Secure Email to Communicate with Clients

1. As specified in LACDMH Policy No. 557.02, authorized workforce members are permitted to communicate with a client using Secure Email only if all of the following conditions are met:
 - a. The Program Manager or higher level manager has identified that email communication is consistent with LACDMH policies and procedures given the way in which the program operates;
 - b. Based on clinical judgment, the authorized workforce member has determined that email is the most appropriate method of communication with the client;
 - c. The client has identified email as the preferred method of communication;
 - d. The email is sent through the secure method outlined in LACDMH Policy No. 557.02; and
 - e. The client and authorized workforce member have reviewed and signed the Consent to Email form (see Reference 7 in LACDMH Policy No. 557.02).
2. Minor clients, under the age of 18, who are receiving mental health services under their own consent, may receive Secure Email, provided the conditions identified in No.1 above are met.
3. For minor clients, under the age of 18, who are receiving mental health services under the consent of a responsible adult (Authorized Caregiver, Conservator, or Parent of minor), Secure Email may be sent to that responsible adult, provided the conditions identified in No. 1 above are met.
4. Authorized Workforce members shall only send Secure Email to a client using the email address the client has identified on the LACDMH Client's Consent to Email Form.
5. LACDMH workforce members shall not communicate with multiple clients on the same email.
6. If a client sends an email to a LACDMH workforce member that fails any of the conditions described in No. 1 above, the LACDMH workforce member shall respond to the client via other means of communication (e.g., telephone or mail). In the event of an emergent email, the LACDMH workforce member must respond to the client via any feasible communication method deemed to be most effective (e.g., telephone, email).

7. Emailing clients shall only be used for the purposes of:
 - a. Scheduling appointments;
 - b. Sending reminders about appointments;
 - c. Sending reminders about treatment instructions; or
 - d. Relaying or clarifying factual mental health information that has already been discussed with the client and documented in the Clinical Record.
8. Emails to clients shall never be used for the purpose of diagnosing and/or treatment.
9. Authorized workforce members shall not use the Secure Messaging System to satisfy client requests for information falling under HIPAA Privacy rights. These rights include:
 - a. Right to Access (Inspect and Copy) Protected Health Information (PHI) - LACDMH Policy No. 501.01
 - b. Right to Request for Amendment of Protected Health Information (PHI) - LACDMH Policy No. 501.06
 - c. Right to Accounting of Disclosure of Protected Health Information (PHI) - LACDMH Policy No. 501.03
 - d. Right to Request for Restrictions to Use and Disclosure of Protected Health Information (PHI) - LACDMH Policy No. 501.07
 - e. Right to Request for Confidential Communication of Protected Health Information (PHI) - LACDMH Policy No. 501.04
10. In the event that a client submits a HIPAA Privacy Right request described above via email, the Authorized workforce member must respond to the request by attaching LACDMH approved request forms via the secure email method. The authorized workforce member shall indicate that the attached forms must be completed and signed by the client or personal representative and delivered to the LACDMH program in person or by mail in order for the request to be processed.